

CLAIM FORM

Knutson, et al. v. Schwan's Home Service, Inc., et al.
U.S. District Court for the Southern District of California
Case Number 3:12-cv-964-GPC-DHB

To make a claim, you must complete the online claim form on the Settlement Website at: www._____com or complete this form and submit it by mail. Claims must be submitted online or postmarked no later than **[90 days after Class Notices are mailed to Class Members]**. If submitting by mail, send the completed form to:

KCC Class Action Services, LLC
P.O. Box [XXX]
El Segundo, CA 92045

A Class Member may submit only one claim, requesting a monetary payment and a voucher for Schwan's Home Service, Inc. products.

Please read all of the following instructions carefully before filling out your Claim Form.

1. Please review the information available at www._____com.
2. Type or print legibly in black ink.
3. Complete Part A ("Claimant Information") by filling in your name, your current mailing address, your current telephone number, and, if different from your current number, the cellular telephone number on which you received calls from Schwan's Home Services, Inc. or Customer Elation, Inc. regarding delivery of NutriSystem, Inc. products or delivery route rescheduling between April 18, 2008 and August 31, 2012.
4. Read and review Part B.
5. Complete Part C.
6. Keep a copy of your completed Claim Form for your records.
7. If your claim is accepted, then you will receive a check and a voucher within 60 days of the later of (i) the "Effective Date" as defined by the parties' Settlement Agreement or (ii) receipt of your completed Claim Form. If your claim is rejected for any reason, you will be notified of the rejection and the reasons for such rejection. Please also note that any payment is subject to final approval of the parties' Settlement Agreement by the Court. If the settlement is not finally approved, then no payments will be made. For more information, see the information and the case documents posted to the Settlement Website.
8. Payment for accepted claims forms will be mailed to the address that you list below. If your mailing address changes before you receive payment, please update your contact information on the Settlement Website at: www._____com.
9. Please direct any questions or concerns to Class Counsel. Contact information is provided on the Class Notice. Please do not contact the Judge's Chambers or the Clerk of the Court.

Part A: Claimant Information

Claimant's Name:

Street Address:

City: _____ State: _____ Zip Code: _____

Current Telephone Number*: (____) ____ - ____

**If you received telephone calls from Schwan's Home Services, Inc. or Customer Elation, Inc. regarding delivery of NutriSystem, Inc. products or delivery route rescheduling on a telephone number other than the one provided above, please also provide that number for verification purposes:*

Cellular Telephone Number called by Defendants:

(____) ____ - ____

Part B: Call Verification & Benefit Information

I affirm as follows:

- (1) I am a past or present customer of NutriSystem, Inc. who received a call on my cellular telephone without my consent between April 18, 2008 and August 31, 2012.
- (2) I hereby elect to receive a check and a voucher for Schwan's Home Service, Inc. products.
- (3) I understand that I am not permitted to submit another claim form or to allow any third party to do the same on my behalf.

Part C: Signature

I affirm that the information stated in this Claim Form is correct.

Signature: _____ Dated ____ / ____ / ____

Print Name: _____